

N01107456
Date Filed: 8/16/2014
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2014</u>

N01107456
Shield of Hope
KARLA MILLER
9620 LACKLAND
ST. LOUIS MO 63114

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * 9620 Lackland Rd. (Required) STREET <u>Saint Louis MO 63114</u> CITY / STATE ZIP

2	<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____</p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>
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	OFFICERS	BOARD OF DIRECTORS *
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>
	<u>PRESIDENT</u> Eagan, Joseph STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>	<u>NAME</u> Eagan, Joseph STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>
3	<u>SECRETARY</u> Zoll, Timothy STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>	<u>NAME</u> Roorda, Jeffrey STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>
	<u>VICE PRESIDENT</u> Roorda, Jeffrey STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>	<u>NAME</u> Zoll, Timothy STREET 9620 Lackland Rd. CITY/STATE/ZIP <u>St. Louis MO 63114</u>
	STREET _____ CITY/STATE/ZIP _____	<u>NAME</u> _____ STREET _____ CITY/STATE/ZIP _____
	NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED	

	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *											
4	<table border="1"><tr><td>Authorized party or officer sign here</td><td><u>Karla Miller</u></td><td>(Required)</td></tr></table> <table><tr><td>Please print name and title of signer:</td><td><u>Karla Miller</u></td><td>/</td><td><u>Treasurer</u></td></tr><tr><td></td><td>NAME</td><td></td><td>TITLE</td></tr></table>	Authorized party or officer sign here	<u>Karla Miller</u>	(Required)	Please print name and title of signer:	<u>Karla Miller</u>	/	<u>Treasurer</u>		NAME		TITLE
Authorized party or officer sign here	<u>Karla Miller</u>	(Required)										
Please print name and title of signer:	<u>Karla Miller</u>	/	<u>Treasurer</u>									
	NAME		TITLE									

REGISTRATION REPORT FEE IS: ___\$10.00 If filed on or before 8/31/2014 ___\$15.00 If filed after 9/30/2014 Corporation will be administratively dissolved if report is not filed by 11/29/2015

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): _____